

EXHIBIT C

POLICY NO. MPA 81 29 88 COMMERCIAL PACKAGE POLICY HARLEYSVILLE MUTUAL INS. CO.
355 MAPLE AVENUE
HARLEYSVILLE, PA 19438

☐ CONFIRMATION OF CANCELLATION

☒ CONFIRMATION OF TERMINATION

AGENT 07-3641
S. T. GOOD INSURANCE, INC.
67 CHRISTIANA ROAD
NEW CASTLE DE 19720

INSURED

LAYNE DREXEL
1910 OLD CAPITOL TR
NEWARK DE 19711

You are hereby notified that in accordance with the terms and conditions of the above policy your insurance coverage ceases at and from 12:01 AM Standard Time on 06-08-2004 and the following checked condition applies: Cancellation or Termination Date

☐ A refund check in payment of the unearned portion of the paid premium is enclosed in the amount of -----
or ... has been issued to the Agent ☐ Mortgagee ☐ , or other ☐

\$
Total Refund

☐ The unpaid earned premium due the Company is hereby billed in the amount of -->
Make check payable to the Company shown at above right. If payment is not received, collection of the premium amount due will be subject to further action.

\$
Premium Due

☒ THE POLICY HAS EXPIRED. OUR RENEWAL OFFER WAS NOT TAKEN.
IF THE POLICY IS SUBJECT TO AUDIT, THE PREMIUM MAY BE ADJUSTED BASED ON
POLICY AUDIT PROVISIONS.

MAIL DATE 07-07-2004

06-08-2005

ISSUE DATE 07-06-2004

M. D. Obidigal
Authorized Representative

HOME OFFICE COPY

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